



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/554,592
	Confirmation Number	
	Filing Date	with an effective filing date of March 26, 2004
	First Named Inventor	Stephen Michael KUESTER
	Group Art Unit	3636
Total No. of Pages in this Submission: 10	Examiner Name	Milton NELSON Jr. Fax: (571) 273-8300
	Attorney Docket Number	COLGRA P60AUS

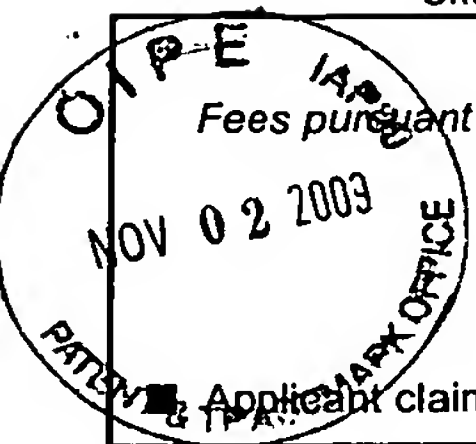
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$555.00 <input checked="" type="checkbox"/> Amendment/Response [5] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... Replacement Sheet(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund 	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): POSTCARD

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C. Reg. No. 32,018 CUSTOMER NO. 020210
Signature	
Date	October 28, 2009

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on <u>October 28, 2009</u> .	
Signature	Date: October 28, 2009 (amp)

<p style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p style="text-align: center; font-size: 1.2em;">FEE TRANSMITTAL For FY 2008</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>																																																	
<p>TOTAL AMOUNT OF PAYMENT: \$550.00</p>		<p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p>	<p>10/554,592 with an effective filing date of March 26, 2004 Stephen Michael KUESTER Milton NELSON Jr. 3636</p>																																																
<p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments</p>		<p>Attorney Docket No. COLGRA P60AUS</p>																																																	
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<p>3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"> <p><u>Total Sheets</u> -100 = _____</p> </td> <td style="width: 10%;"> <p><u>Extra Sheets</u> / 50 = _____</p> </td> <td style="width: 20%;"> <p><u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x _____</p> </td> <td style="width: 10%;"> <p><u>Fee (\$)</u> \$270/\$135 = _____</p> </td> <td style="width: 10%;"> <p><u>Fee Paid (\$)</u></p> </td> </tr> </table>				<p><u>Total Sheets</u> -100 = _____</p>	<p><u>Extra Sheets</u> / 50 = _____</p>	<p><u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x _____</p>	<p><u>Fee (\$)</u> \$270/\$135 = _____</p>	<p><u>Fee Paid (\$)</u></p>																																											
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<p>4. OTHER FEE(S)</p> <p>Non-English Specification, \$130 fee (no small entity discount) _____</p> <p>Other (e.g., late filing surcharge): <u>Petition for Three Month Extension of term</u> <u>\$550.00</u></p>																																																			
<p>SUBMITTED BY</p>																																																			
<p>Signature</p>		<p>Telephone (603) 226-7490</p>																																																	
<p>Name (Print/Type)</p>	<p>Michael J. Bujold</p>	<p>Registration No. (Atty/Agent) 32,018</p>	<p>Date: October 28, 2009</p>																																																



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/554,592
with an effective filing date of
March 26, 2004
Stephen Michael KUESTER
Milton NELSON Jr.
3636

TOTAL AMOUNT OF PAYMENT: \$550.00

Attorney Docket No.

COLGRA P60AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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<u>Total Claims</u>	-20 or HP =	<u>Extra Claims</u>	x	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
				\$52/\$26					

<u>Indep. Claims</u>	-3 or HP +	<u>Extra Claims</u>	x	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>		
				\$220/\$110				

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

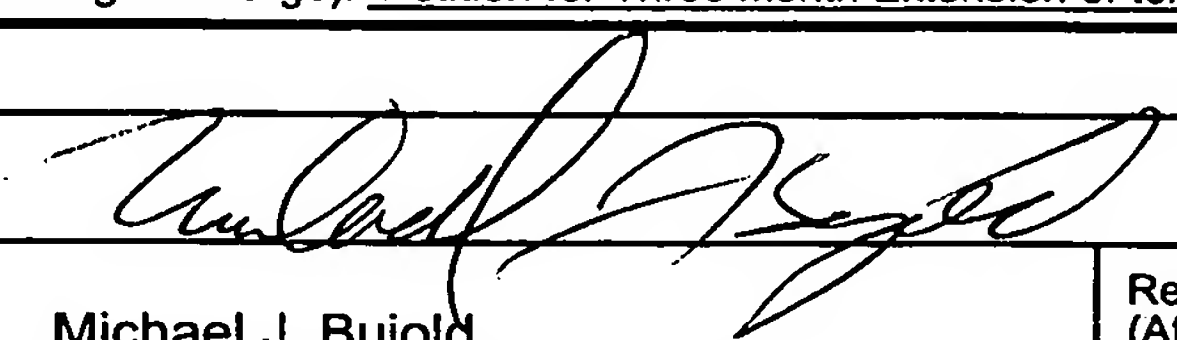
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		/ 50 =	(round up to a whole number) x	\$270/\$135	=

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	Petition for Three Month Extension of term	\$550.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: October 28, 2009